PAGE 1 / 184

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FORM 3 For An Authorized Committee Office Use Only NAME OF TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. Chris Coons for Delaware PO Box 9900 ADDRESS (number and street) X Check if different than previously Newark DE reported. (ACC) FEC IDENTIFICATION NUMBER ▼ CITY STATE ZIP CODE STATE ▼ DISTRICT C00475392 3. IS THIS NEW **AMENDED** REPORT (N) OR DE 00 (A) TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the: (a) Quarterly Reports: Primary (12P) General (12G) Runoff (12R) April 15 Quarterly Report (Q1) Convention (12C) Special (12S) July 15 Quarterly Report (Q2) in the October 15 Quarterly Report (Q3) Election on State of January 31 Year-End Report (YE) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Termination Report (TER) D in the Election on State of Covering Period 01 2013 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Judith Zamore й м 04 muro 2013 Judith Zon Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office